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# Meaningful Factors Involved in Anti-Gay Bias Crime

## **Abstract**

Contemporary explanations of crime survivor experiences were reviewed, with specific attention to cognitions of the survivors. Additionally, the differences between anti-gay bias and non-bias offenses were examined in an effort to illuminate attributes unique to survivors of bias crime. One hundred forty-two participants attending Gay Pride Celebrations in Portland, Oregon and Seattle, Washington contributed information about their experiences. The data revealed that there are common cognitions shared among survivors of anti-gay bias crime. The importance of post-attack cognitions was discussed in the context of possible approaches to survivor treatment.

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MEANINGFUL FACTORS INVOLVED IN ANTI-GAY BIAS CRIME

A DISSERTATION  
SUBMITTED TO THE FACULTY  
OF  
SCHOOL OF PROFESSIONAL PSYCHOLOGY  
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MICHAEL CHAMBERLAIN  
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## ABSTRACT

Contemporary explanations of crime survivor experiences were reviewed, with specific attention to cognitions of the survivors. Additionally, the differences between anti-gay bias and non-bias offenses were examined in an effort to illuminate attributes unique to survivors of bias crime. One hundred forty-two participants attending Gay Pride Celebrations in Portland, Oregon and Seattle, Washington contributed information about their experiences. The data revealed that there are common cognitions shared among survivors of anti-gay bias crime. The importance of post-attack cognitions was discussed in the context of possible approaches to survivor treatment.

anti-gay bias crime, crime survivors, internalized homophobia, post-traumatic stress

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## INTRODUCTION

There is increasing statistical evidence to support the anecdotal accounts that physical assault, robbery, and rape are common crimes in the United States. There is also mounting evidence that in response to such crimes a survivor may experience a range of emotional reactions - from short-term distress to chronic disturbance. In comparison to other traumatic events (i.e., natural disaster, automobile accident, industrial accident) criminal victimization can have an especially debilitating effect on the survivor. In fact, evidence suggests that purposeful attacks tend to result in higher rates of significant psychopathology such as Posttraumatic Stress Disorder (PTSD) (Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993).

According to the most recent published statistics, 1,408,337 violent crimes occurred nationwide in 2007 (Federal Bureau of Investigation, 2008). The Federal Bureau of Investigation (FBI) reserves the definition of violent crime for those in which either force or the threat of force is used. According to the FBI, murder or non-negligent manslaughter, forcible rape, robbery, and aggravated assault constitute violent crimes (Federal Bureau of Investigation, 2008). Consequently, many individuals in our society are forced to cope with the psychological consequences of criminal victimization.

As defined by the FBI, criminal victimization incidents invariably involve the loss of personal property and/or result in physical injury (Federal Bureau of Investigation, 2008). Early in the initial exploration of responses to victimization, Burgess and Holmstrom (1979) examined the psychological impact of criminal victimization. Although some crime survivors exhibit few outward signs or symptoms of distress, it has been well established that shock, confusion, helplessness, anxiety, fear, and mood



disturbances are common emotional reactions to victimization (Bard & Sangrey, 1986; Burgess & Holmstrom, 1979; Ellis, Atkeson, & Calhoun, 1981).

Researchers have continued to study responses to victimization and other traumatic events, and have found that survivors often share a common psychological experience characterized by emotional suffering (Janoff-Bulman & Frieze, 1983). Many researchers hypothesize that the psychological distress experienced by survivors is likely a result of the dissolution of very basic assumptions, beliefs, expectations, and perceptions about the self and the world (Janoff-Bulman & Frieze, 1983). After experiencing a violent crime, basic views that survivors have held about themselves and their world are often challenged and the result can be a sense of fear, insecurity, and violation of the self (Burgess & Holmstrom, 1979; Bard & Sangrey, 1986; Janoff-Bulman & Frieze, 1983).

Although there is substantial evidence to suggest that there are common psychological experiences shared by a wide variety of survivors (e.g., rape survivors, violent crime survivors, and natural disaster survivors) there is limited literature on the specific consequences for survivors of bias crime. Over the past few decades a close examination of bias crime – crime that is perpetrated because of an individual’s actual or perceived minority group membership – has begun to garner attention as a phenomenon with specific psychological consequences for the survivor. When compared to survivors of non-bias crimes, bias crime survivors have been shown to exhibit increased symptoms of depression, anxiety, anger, and posttraumatic stress (Herek, Gillis, Cogan, & Glunt, 1997; McDevitt, Balboni, Garcia, & Gu, 2001; Rose & Mechanic, 2002).

Bias crimes have been defined as crimes of bias that range from verbal assault to homicide, with the purpose of harming a minority individual or group (Herek, 1989). In the United States, bias crimes based on sexual orientation (15.3%) comprise the third most prevalently reported category after religion (18.1%) and race (52.1%) (Federal Bureau of Investigation, 2007). Evidence suggests that anti-gay violent crimes are common (D'Augelli & Grossman, 2001) and recent studies indicate that 11% to 16% of gay men and lesbians have been targets of sexual or physical assault based on their sexual orientation (Herek, Gillis, & Cogan, 1999; Rose & Mechanic, 2002).

## REVIEW OF LITERATURE ON VICTIMIZATION RESPONSES

In this review, reactions to non-bias criminal victimization were examined to better understand the typical process of survivors in general. An examination of the specific psychological issues of sexual minority crime survivors was also conducted.

### Reactions to Victimization

The response to traumatic events such as criminal victimization received a lot of attention in the 1970s and the following decades. Many early theorists conceptualized the etiology and maintenance of post-trauma functioning from either a psychodynamic or behavioral perspective and in more recent years there has been abundant information about cognitive theories. A review of what early theorists learned in their initial explorations, and what they continue to espouse, aides in understanding the complex process of survivors. Each survivor reacts to criminal victimization somewhat differently, but early research highlights that readjustment to pre-crime levels of psychological functioning follows a fairly predictable sequence (Bard & Sangrey, 1986; Forman, 1980; Burgess & Holmstrom, 1979). Early researchers developed systematized stages to explain the process of survivor reactions; they categorized the trajectory into: *immediate reactions, short-term reactions, and long-term reactions* (Bard & Sangrey, 1986; Burgess & Holmstrom 1979; Forman, 1980).

The immediate reaction to the criminal act has been labeled the impact-disorganization phase by Bard and Sangrey (1986) and is marked by numbness and disorientation, denial and disbelief, loneliness, vulnerability, helplessness, and mood disturbance. According to Symonds (1975, 1976) the immediate reaction stage can be further divided into an initial response of shock, disbelief, temporary paralysis, and

denial. This initial reaction is followed by a period when the survivor feels detached from others and shows regressive behaviors that can last from hours to days (Symonds, 1976). During the immediate reaction stage, directly after the attack, survivors often describe themselves as weak, frightened, and helpless (Krupnick, 1980), and commonly suffer from anxiety accompanied by sleep disturbance and nightmares. Additionally, physiological reactions such as diarrhea, headaches, aggravation of previous physical symptoms, and psychosomatic reactions are common (Leymann, 1985).

Acute Stress Disorder (ASD) was first introduced in the DSM-IV, as the diagnosis describing initial pathological responses to a traumatic event such as criminal victimization (American Psychiatric Association, 2000). As ASD is still relatively new, there is only a small body of research describing the etiological factors required for an ASD diagnosis. The initial psychological response (within one month) to a traumatic event can be described by the symptoms of ASD. Even though there is some overlap between PTSD and ASD symptoms, an ASD diagnosis emphasizes dissociative symptoms in response to the traumatic event (Brewin, Andrews, & Rose, 2003; Harvey & Bryant, 2002).

After a few hours or days (depending on the survivor) the response to victimization is marked by the beginning of a short-term process that Bard and Sangrey (1986) label the recoil stage. During this stage, which typically lasts from three to eight months, the survivor experiences emotions that vacillate between fear and anger, sadness and elation, and self-pity and guilt. Survivors have also described a feeling of loss regarding identity and self-respect accompanied by humiliation and the experience of erosion of trust and autonomy (Bard & Sangrey, 1986). Additionally, in incidents where

the survivor has experienced a physical injury, there is often times grief and depression in response to the loss of pre-attack physical functioning (Frieze, Hymer, & Greenburg, 1987).

Also, during the short-term stage, survivors sometimes experience a shift from fears about the victimization incident itself to fears of future attacks (Kilpatrick, Veronen, & Resick, 1979). A future-centered focus is considered more thoroughly in this stage, and survivors of personal injury and assault have been shown to exhibit fear of repetition of the incident as the most prominent theme (Krupnick & Horowitz, 1981). Accompanied by the thought of possible future victimization, survivors often express fears of being alone or abandoned (Frieze, Hymer, & Greenburg, 1987). The fear of being alone is often experienced simultaneously with behavioral reactions such as uncontrollable crying, agitation and restlessness, increased substance use, and deterioration in personal relationships (Frieze, Hymer, & Greenburg, 1987).

The short-term phase is often characterized by strong and sometimes conflicting reactions (Frieze, Hymer, & Greenburg, 1987). However, most survivors begin to experience a gradual dissipation of their symptoms within six months of the event (Horowitz, 1976). Depending on the survivors' coping skills and social supports, between six months and one year after the victimization, there is an evident psychological reorganization that is either adaptive or maladaptive (Horowitz, 1976; Symonds, 1976).

Long-term psychological responses can continue to be problematic, and some survivors continue to experience chronic psychological distress that results from the victimization experience (Janoff-Bulman & Frieze, 1983). Severe and unremitting psychological problems that might result from the experience of victimization are best

described by PTSD in the DSM-IV (1990). In addition to the existence of a recognizable traumatic event, such as violent crime, diagnostic criteria also include: 1) re-experiencing the traumatic event via memories, intrusive thoughts, or dreams; 2) numbing responses often experienced as feelings of detachment from others, constricted affect, and diminished interest in activities and purposeful avoidance of activating stimuli; and 3) exaggerated startle response, and increased arousal.

### *Contemporary Explanations of Crime Survivor Experiences*

Many contemporary explanations for the common experiences of crime survivors have been proposed in the literature. Numerous trauma theorists hypothesize that traumatic events (such as criminal victimization) result in altered thoughts and beliefs that play a key role in the emotional response to the incident (Epstein, 1991; Foa & Riggs, 1993; Foa & Rothbaum, 1998; Horowitz, 1986; Resick & Schnicke, 1992). All of these theories point to the importance of trauma-related cognitions. However, each theory differs in respect to the specific cognitions involved. As discussed by Foa and colleagues (1999), traumatic experience impacts four core beliefs: the world is benign, the world is meaningful, the self is worthy, and people are trustworthy. In a similar manner, traumatic experiences are thought to impact assumptions about the impersonal world and perceived self-worth (Janoff-Bulman, 1989). The scope of disruption that can occur in response to a traumatic event has also been expanded to include beliefs about safety, trust, power, esteem, and intimacy (McCann & Pearlman, 1990).

### *Cognitions and Victimization*

Piaget first explored cognitive models by observing children, and discovered that when children interact in the world, they interpret the objects and events that surround

them in terms of what they already know. More contemporary researchers theorize that adults often times interpret experiences in a similar manner – through personal perspectives that are constructed using information in the environment and in one’s thoughts and beliefs (Loftus, 1992). In other words, experiences (mundane or traumatic) are not inherently the same for everyone. Instead, the meanings of experience are constructed when the active individual interacts with the environment (Bjorklund, 2005) and interprets and arranges the information into schemas about what defines reality.

Adaptation is essential to Piaget’s cognitive theory. In its simplest form, adaptation can be defined as a person’s inherent tendency to adjust schemas to environmental demands (Bjorklund, 2005). Piaget defined two aspects of adaptation: assimilation and accommodation. Assimilation is not a passive process; it requires that individuals modify or distort environmental information so that the information can be incorporated into the existing schema (Bjorklund, 2005). Accommodation is defined as the process in which a current schema is changed to incorporate new information when individuals are confronted with an experience that cannot be interpreted by current cognitive schemas (Bjorklund, 2005). In the following section emotional processing theory (EPT) is detailed as a cognitive schema theory that helps explain responses to trauma.

### *Emotional Processing Theory*

Emotional processing theory has been used to explain the development and maintenance of PTSD (Foa & Riggs, 1993; Foa, Steketee, & Rothbaum, 1989; Foa Zinbarg, & Rothbaum, 1992). The premise of this cognitive model is that trauma survivors construct perceptions of reality through developing cognitive schemas. As

mentioned previously, cognitive schemas are the beliefs, expectations and assumptions a survivor of a traumatic event holds about the self and the world (Janoff-Bulman, 1989). For example, some survivors who have been assaulted develop the schema that they are damaged (self) and that the world is a dangerous place (world).

Foa and Riggs (1993) proposed two basic dysfunctional cognitions that mediate the development of PTSD: the world is completely dangerous, and one's self is completely incompetent. Foa and Rothbaum further suggested that there are two distinct ways by which individuals acquire dysfunctional cognitions: First, individuals who have the notion that the world is extremely safe (world) and that they are extremely competent (self), have a difficult time assimilating the traumatic experience (Foa and Rothbaum, 1998). Therefore, it is difficult for the survivor to make sense of the traumatic experience and they might over-accommodate their schemas about safety and danger. Second, for individuals who hold schemas that the world is not safe (world) and that they are not competent (self) a traumatic experience can function to reinforce their existing schemas. The presence of rigid schemas about self and world, whether positive or negative, render individuals vulnerable to develop severe psychopathology such as PTSD after a traumatic event. On the other hand, survivors who are able to interpret the trauma experience as an experience without broad implications for the world and the self are likely to adapt more quickly and completely to pre-trauma levels of functioning.

Similar to Foa's group, Ehlers and Steil (1995) suggested that unique differences in personal meaning (appraisal) of the traumatic experience and its consequences play a primary role in the development and maintenance of severe psychological reactions such as PTSD. For those who view the trauma as a time-limited, horrible experience that does



not necessarily have negative implications for the future, recovery is likely to be quick. Survivors with persistent psychological problems such as PTSD are characterized by excessively negative appraisals of the traumatic event and its aftermath. Negative appraisals are thought to be a PTSD maintenance factor by creating a sense of current threat that is experienced as intrusions, arousal, and strong emotions such as anxiety, anger, shame, or sadness. Additionally, negative appraisals can result in dysfunctional cognitive and behavioral responses that relieve short-term distress through avoidance, but have the long-term consequence of preventing cognitive change and therefore help maintain pathology (Foa, Tolin, Ehlers, Clark, & Orsillo, 1999). Trauma survivors who limit their daily experiences by avoiding thoughts, stimuli, and activities related to the trauma fail to receive information that disconfirms the negative posttraumatic cognitions, which leads to the development of chronic PTSD (Foa & Cahill, 2001; Foa & Rothbaum, 1998).

Recent studies have been conducted to explore the adequacy of emotional processing theory in explaining the role of trauma-related cognitions in the development and maintenance of PTSD. For example the Posttraumatic Cognitions Inventory (PTCI) was developed to assess negative trauma-related cognitions (Foa, Ehlers, Clark, Tolin, & Orsillo, 1999). The PTCI comprises scales measuring negative cognitions about the self (i.e. 'I can't stop bad things from happening to me'), about the world (i.e. 'The world is a dangerous place'), and self-blame (i.e. 'The event happened to me because of the sort of person I am'). Foa et al. (1999) found that individuals who met criteria for PTSD had more negative beliefs about the world and themselves than did traumatized participants without PTSD and individuals who were not traumatized.

The PTCI was recently used with a small sample of female assault survivors with PTSD to measure the relationship between changes in trauma-related cognitions and changes in PTSD symptoms following prolonged exposure therapy (Foa & Rauch, 2004). The researchers' hypothesis, that changes in negative posttraumatic cognitions would be associated with reduced PTSD symptoms, was confirmed. Although they found that reduced trauma-related cognitions about the self and the world were associated with reductions in PTSD symptoms, it was discovered that changes in cognitions about the world were mediated by cognitive changes about the self (Foa & Rauch, 2004).

Moser, Hajcak, Simons, and Foa (2007) later demonstrated a positive relationship between negative trauma-related cognitions regarding the self and concurrent PTSD severity in a group of trauma-exposed college students. After accounting for all other variables, negative cognitions about the self showed the most powerful relationship with PTSD symptom severity. In fact, after all other variables were accounted for the *PTCI-Self* scale was the only subscale that was uniquely related to PTSD symptom severity (Moser, Hajcak, Simons, and Foa, 2007).

The unique importance of negative cognitions about the self in relation to PTSD symptom severity is of particular significance when considering traumatized individuals who may experience problems with self-acceptance and self-concept due to minority status and subsequent societal prejudice and discrimination. It could mean that stigmatized individuals who experience a traumatic event may be more likely to develop negative self-cognitions, suffer from more severe symptoms, and have a more difficult time with recovery.

### *Differences Between Bias and Non-bias Offenses*

In 1994 a national telephone victimization survey was conducted and respondents revealed marked differences in trauma symptoms following bias related attacks versus other types of victimization. Among four subgroups (non-victims, group defamation victims, personal crime victims, and bias crime victims), bias crime victims exhibited the greatest average number of symptoms and behavior variations than any other subgroup (Ehrlich, Larcom, & Purvis, 1994). The authors reported a general pattern of pervasive consequences for the survivors of bias crime and concluded that victims of bias crime suffer greater trauma than do victims of non-bias crimes (Ehrlich, Larcom, & Purvis, 1994).

Levin and McDevitt (1993) suggest differences exist between bias and non-bias crimes that likely lead to more significant impact on survivors of bias crime. The first distinction they mention is the aspect of interchangeability inherent in many bias crimes. Interchangeability means that individuals are targeted because they possess or are perceived to possess a certain trait that sets them apart as a minority person – not because they did something to provoke the attack (Levin & McDevitt, 1993). The crime is interchangeable because any member of the minority group who possesses some characteristic that identifies them as a member of the group is as likely to be attacked as any other member of the group. The perpetrator commits the crime solely because of some identifying characteristic, with no other motivation (Levin & McDevitt, 1993). Therefore, the survivor of a bias crime may experience an intensified sense of helplessness in preventing further attacks.

The second distinction that sets bias crime apart from non-bias crime is the capacity for vicarious or indirect victimization (Levin & McDevitt, 1993). Bias crime tends to have a secondary impact. When bias crime is committed, the impact is felt beyond the primary survivor by all members of the minority group (Levin & McDevitt, 1993). Bias crimes are attacks, not unlike acts of terrorism that are carried out against a distinct group, with the primary goal to intimidate an entire community with threats and violence (Levin & McDevitt, 1993).

#### *Anti-gay Bias Crime*

Similar to other survivors of violence, sexual minorities have to contend with the difficulties created by victimization. In addition to the victimization for which all people are at risk, sexual minorities are targeted for attack specifically because of their sexual orientation (Garnets, Herek, & Levy, 1990). Evidence suggests that anti-gay crimes are common and research findings indicate that bias crimes occur in many places, with roughly 60% occurring in public locations (Herek, Cogan, & Gillis, 2002). Although a disproportionate number of bias crimes are perpetrated in public spaces, some sexual minority individuals also report violence and harassment in other places as well (Herek, Cogan, & Gillis, 2002). Schools, places of employment, and in their homes, are all places sexual minority people have to contend with violence and harassment (Herek, Cogan, & Gillis, 2002). Evidence supports that gay men generally experience more frequent verbal harassment, threats, and physical assault in school and by the police than do lesbians (Berrill, 1992; Comstock, 1989). Whereas gay men tend to be victimized more often in public places, lesbians are typically harassed more in their own homes by family members (Cheng, 2004).

In the early 1980s, concern about violence perpetrated against lesbians and gay men spurred the collection of data on anti-gay bias crimes (Cheng, 2004). Reports prepared by individuals in organizations that support lesbian and gay people documented that threats and assaults were commonly perpetrated against lesbians and gay men throughout different geographical regions in the United States (Berrill, 1986). In 1984, the National Gay and Lesbian Task Force coordinated a study in which 654 lesbians and 1420 gay men in eight United States (U. S.) cities were surveyed. The information that was gathered revealed that a substantial majority of respondents experienced some type of harassment, threat, or attack in their lifetime (Berrill, 1986). Of the individuals who replied to the survey, more than one fifth of the gay men and one tenth of the lesbians had survived a physical assault (Herek, 1989).

Attention to bias crimes continued to increase into the 1990s as human rights activists, public officials, and social scientists cooperated in initiating a campaign that would draw national attention to the serious threats against lesbians and gay men (Herek & Berrill, 1992; Jenness & Broad, 1997). More recent data indicate that one in four gay or bisexual men, and one in five gay or bisexual women have been victims of a bias crime (Herek, Gillis, & Cogan, 1999); and as many as 92% of lesbians and gay men reported that they have been the targets of antigay verbal abuse or threats (Herek, 1989).

#### *Anti-gay Crime in Context*

Widely accepted abuse of sexual minority people is not a new phenomenon in the United States (Herek, 1989). In the early American colonies gay men were subject to imprisonment, castration, torture, and death (Adam, 1987; Herek, 1989). Gay men were prosecuted as early as 1624, in U.S. colonies, typically for breaking anti-sodomy laws

and lesser offenses (Herek, 1989). Throughout the past three centuries, lesbians and gay men in the U.S. have been subjected to many forms of institutional violence including felony imprisonment and fines, castration and clitoridectomy, forced psychiatric treatment, dishonorable discharge from the military, and general social denigration and abuse (Katz, 1976).

In conjunction with the lack of protection for sexual minorities, institutionalized and legalized discrimination against sexual minority people was carried out in legal and social realms well into the 1980s (Herek, 1989). For example, the American Psychological Association granted licensed mental health professionals the authority to diagnose homosexuality as a mental disorder until 1973 (American Psychiatric Association, 1968). In 1980, *persistent and marked distress* about sexual orientation was classified and entered in DSM-III as *egodystonic homosexuality*, where it remained until the DSM-IV revision in 1994 (American Psychiatric Association, 1994).

Furthermore, as recent as 2008, the California Constitution was amended when the so-called defense of marriage amendment was enacted to prevent same-sex marriage in the state of California, preventing same-sex couples from experiencing the same legal protections that heterosexual couples take for granted (Human Rights Campaign Foundation, 2008). With the passage of the Federal Defense of Marriage Act (U.S.C. 7) in 1996, some legislators attempted to have the decision of what constitutes a legal marriage transferred from state jurisdiction to the U.S. federal government (Human Rights Campaign Foundation, 2004). However, the Defense of Marriage Act does not prevent individual states from defining marriage and subsequently, 26 states have constitutional amendments explicitly barring the recognition of same-sex marriage.

Forty-three states have statutes defining marriage as a union between people of the opposite sex, and the battle waged by opponents of same-sex marriage still rages on in an effort to prevent individual states from recognizing any form of same-sex union as valid (Human Rights Foundation Campaign, 2008), offering evidence that in addition to individual acts of prejudice and discrimination, sexual minority people also have to contend with structural prejudice and discrimination.

Prejudice has been explained as a psychological phenomenon that refers to a negative attitude toward individuals based on their group membership (Ehrlich, 1972; Levin & Levin, 1982). The relationship between prejudice and criminal behavior is complicated by the attitudinal component of discriminatory behavior (Levin & McDevitt, 1993). Researchers have posited that certain bias crimes are a result of some personal bias or hatred, which leads to prejudicial beliefs based on stereotypes or emotions (e.g., fear, disgust) concerning people who are different (Levin & McDevitt, 1993).

As the presence of an identifiable gay community has increased, sexual minorities have become more visible to potential perpetrators, making them twice as likely as heterosexual people to have experienced a life event related to prejudice (Meyer 2003; Mays & Cochran, 2001). Amnesty International reported in 2001 that sexual minority people are subject to widespread human rights abuses, often sanctioned by governments and societies through inadequate protection and discriminatory laws (Amnesty International, 2001; Meyer 2003).

Where it is a cultural phenomenon, prejudice and discrimination might become a widely shared and enduring component in the typical functioning of the society in which it occurs, often learned from an early age through modeling behaviors and attitudes of

parents, friends, teachers, and the media (Levin & McDevitt, 1993). In the U.S., for example, it has been shown that individuals separated by region, age, social class and ethnic background share strikingly similar stereotypes about various minority groups (Levin & McDevitt, 1993).

The coherent acceptability of active prejudice and discrimination might lead to acts of violence based on prejudice, without much conviction to the reason the crime was committed (Levin & McDevitt, 1993). Authors of social psychology literature suggest that prejudice and bias related crimes have a strange relationship due to the theory that one can lead to the other (Levin & Levin, 1982). For example, prejudice can precede criminal behavior, but prejudice often develops, or at least becomes strengthened in order to cognitively justify previous discriminatory behavior such as bias crime (Levin & Levin, 1982).

Despite attaining greater visibility and acceptance in recent years, sexual minority people continue to be targets of widespread prejudice (Herek, 1989). In comparison to racial, ethnic, and religious minorities who also survive prejudice incidents, sexual minorities are somewhat unique in the level of overt prejudice they contend with from institutional, legal, religious and social institutions (Herek, 1989). Antigay bias is pervasive and woven very tightly into the fabric of U.S. society. According to many researchers (Bradford, Ryan, & Rothblum, 1994; Cochran & Mays, 2000; Razzano, Hamilton, & Hughes, 2000) heterosexism is responsible for the maintenance of oppression, denigration, and abuse of sexual minority people.

Heterosexism can influence the thoughts that sexual minorities have about themselves, which is important in understanding the development and maintenance of



negative self-cognitions. In the following sections, heterosexism will be described. The description will be followed by an explanation of how heterosexism leads to *internalized homophobia* and subsequent problems that arise in the context of bias crime.

Heterosexism has been defined as a pervasive value system that assumes, prizes, and rewards heterosexuality and devalues all that is not heterosexual (Herek, 1989). Heterosexism is used to explain a wide range of negative emotions, attitudes, and behaviors toward sexual minorities (Haaga, 1991). It effectively points out the pervasiveness and readiness for society to place a superior value on heterosexuality (Morin, 1977; Morin & Garfinkel 1978; Neisen, 1990).

Social, cultural, and political oppression of sexual minority people is maintained by an undercurrent of heterosexism, even though it often goes unrecognized or is discounted (Ritter & Terndrup, 2002). Heterosexism exists without the conscious effort of those in dominant U.S. culture (heterosexuals) simply by the way society is structured. Through many subtle patterns, heterosexism maintains the denigration, and stigmatization of any non-heterosexual behavior, identity, relationship, or community (Herek, 1991, 1995).

Although it is impossible to discern whether cultural or individual heterosexism comes first, Herek (1995) points out that heterosexism is evident at both cultural and individual levels. Cultural heterosexism, similar to racism and sexism, is perpetually reinforced by societal customs and institutions (Herek, 1995). For example, cultural heterosexism includes things such as: the widespread lack of legal protection from antigay discrimination, the continuing ban against gay military personnel, and the active

disapproval of - and outright lack of formal recognition of - gay committed relationships (Herek, 1995; Melton, 1989; Rivera, 1991, Rubenstein, 1993).

Regardless of which comes first - cultural heterosexism or individual heterosexism - culture provides the framework and structure for individuals to engage in heterosexist ways. Individual heterosexism is based on unfounded prejudicial beliefs and attitudes (Neisen, 1990; Herek, 1995) held by members of the dominant heterosexual group. These heterosexist attitudes are reflected in feelings and expressions of personally held negative stereotypes (Herek, 1995).

Negative stereotypes are exaggerated, fixed and derogatory beliefs (Allport, 1954) that are often the result of internalized cultural ideologies or beliefs that justify the subjugation and denigration of sexual minorities (Herek, 1995). For example, Jenks (1988) and Van de Ven (1995) found that the general public perceived sexual minorities to be in need of counseling, to use drugs occasionally, to have no religious identification, and to be opportunistic, impulsive, and insensitive. When these stereotypes are used by the sexual majority, they have the potential effect of reducing the humanity of sexual minorities to a list of deviant traits, even though in the heterosexual majority similar traits are likely not viewed as being problematic (de Monteflores, 1986). Due to the heterosexist nature of dominant U.S. culture, subtle reinforcement of stereotypes about sexual minority people are continually reinforced and rewarded by overt and covert structural and individual discrimination and denigration.

Ritter and Terndrup (2002) propose that heterosexist expectations influence nearly every domain of sexual minority development. The authors suggest that from the moment of birth, it is assumed that the newborn baby will develop a heterosexual

identity. This early heterosexist assumption leads to the socialization of even very young children into gender roles that will compliment those of the other sex (Ritter & Terndrup, 2002). Throughout early, middle, and late childhood, girls and boys are often teased good-naturedly about having interest in the other sex. Childhood practice morphs into heterosexual adolescent dating that leads to heterosexual pairing and eventual marriage – a process that is supported in a heterosexist society and taken for granted by heterosexual couples (Ritter & Terndrup, 2002). As unconscious or innocent as it may seem, this heterosexist trajectory marginalizes sexual minority children into adulthood and old age (Ritter & Terndrup, 2002).

Heterosexist assumptions also confine the career choices of sexual minority individuals (Ritter & Terndrup, 2002). Many people accuse sexual minority teachers of neglecting or impeding the presupposed heterosexual development of their school age children and therefore do not support sexual minority teachers (Ritter & Terndrup, 2002). Similarly, leaders of corporations openly admit that heterosexual marriages offer a stabilizing factor to the lives of their executives and therefore hire and promote based on their employee's marital status (Ritter & Terndrup, 2002).

According to a 1998 General Social Survey (GSS) as reported in Ritter and Terndrup (2002) data revealed that 58.6% of respondents thought same-sex intimate relationships were “always wrong.” Further, when compared to opinions from 1973 data, negative responses decreased by only 13.9% (Ritter & Terndrup, 2002). A 2000 *Newsweek* poll revealed considerable heterosexist bias in the responses of people who read *Newsweek* (Leland, 2000). Fifty-seven percent of the respondents opposed gay marriage, 50% said that gays should not adopt, 35% opposed sexual minorities serving

openly in the military, and 36% said that they did not think gays should be allowed to teach elementary school (Leland, 2000).

Heterosexism is legitimized and reinforced by negative attitudes and behaviors; some of which are out of the awareness of most in the sexual majority, and some that are more overt (Patel, Long, McCammon, & Wuensch, 1995; Simon, 1995). In combination with other researchers, Herek (1984) isolated seven primary characteristics of people with negative attitudes about sexual minorities that function to maintain heterosexism.

Individuals with negative attitudes were likely to: (a) conceptualize gender roles in a more traditional manner, (b) not have engaged in same-sex behaviors or have never identified as a sexual minority, (c) have minimal or no contact with sexual minorities, (d) be older and have less education, (e) live in the Midwestern or Southern U.S. or rural areas, and (f) adhere to conservative religious ideologies very strongly. Seltzer (1992) reported that data from a similar study including 2,308 adults revealed that people are more likely to hold negative attitudes toward sexual minorities if they are conservative in their political beliefs, male, married or widowed, uneducated, from the Southern U.S., or religiously convicted. As suggested by Ritter and Terndrup (2002) each of these etiological factors requires some exploration to better understand the attitudes that support heterosexism.

In addition to traditional attitudes about gender roles and sex roles, many people who express intolerant attitudes toward sexual minorities have similar attitudes about other minority groups (Altemeyer, 1988). Apparently, certain personality characteristics lead to social prejudice and sexual conservatism and can be used to predict heterosexist beliefs (Ficarrotto, 1990). Research has also shown that people, who adhere to traditional

heterosexual ideologies of family and gender, are more likely to show negative or hostile attitudes toward sexual minorities (Herek, 1988; Van de Ven, Bornholt, & Bailey, 1996). Additionally, heterosexist people with traditional attitudes typically have conservative thoughts about sex roles, including the control of female sexuality and feminism, and male dominance (Britton, 1990; Lottes & Kuriloff, 1992).

In the context of avoiding the secret fear of same-sex attraction, heterosexism is preserved by homophobic attitudes and behaviors (Forstein, 1988). Unlike cultures that conceptualize sexual expression in a more fluid manner, some perpetrators (almost exclusively male) of antigay hate crime assault sexual minorities rather than affirm unacceptable internal same-sex attractions (Groth & Burgess, 1980).

Additionally, more sexual minority people enter heterosexual marriage arrangements in societies that are less tolerant of homosexuality (Ross, 1983). In a study of the lives of over 500 heterosexually married gay men, Ross (1983) documented that heterosexual marriage was a common strategy for managing the fear of anti-gay prejudice that results from living in a heterosexist climate. In a similar way, Coleman (1982) collected data from 31 men with same-sex desires, all who married women because of pressures from family and society, and to help them overcome their same-sex attractions.

In the general U.S. population, data has been gathered that confirms heterosexual males consistently manifest higher levels of prejudice and more hostility toward sexual minorities than do women (Kite 1984, 1994; Herek, 1984, 1988). In particular, data shows that heterosexual men tend to have more negative affect toward gay men (Herek, 1988; Whitley, 1988). In dominant U.S. culture, male gender identity and male roles are

inextricably tied to the concept of heterosexual masculinity (Herek, 1989; Kerns & Fine, 1994; Pleck, Sonenstein, & Ku, 1994).

In an effort to keep the masculine ego safe (Moss, 1992), men in U.S. society affirm their heterosexual masculinity by overtly rejecting sexual minorities and all else that is not culturally defined as masculine (Herek 1987, 1988). By expressing who they are not, through antigay attitudes and behaviors, heterosexual men can protect their masculine egos and their privileged position in heterosexist society (Moss, 1992).

The threat to heterosexual masculinity that is experienced by many men in U.S. society limits their contact with open sexual minorities (Kite, 1984, 1994; Herek, 1984, 1988; Herek & Glunt, 1993). Therefore, it is probably not surprising that since heterosexual women are less likely to perceive rejection of homosexuality as a necessary factor in their own gender and sexual identity, they are much more likely to have contact with people who identify as gay, lesbian, or bi-sexual (Herek, 1987, 1988). As a result of increased contact, heterosexual women are more tolerant and hold fewer prejudice beliefs that lead to the preservation of heterosexism.

More sexual minority tolerance by heterosexual people has been positively correlated with the increased amount of time spent with sexual minorities (Herek, 1988; Lance, 1987). The research appears to represent that having sexual minority friends has been associated with less bias or prejudice toward them (Gentry, 1987; Jussim, Nelson, Manis, & Soffin, 1995). In addition to examining attitudes of heterosexual people who know sexual minority people, it is helpful to explore the attitudes of heterosexual people who report having no sexual minority friends. Although it is difficult to know if heterosexual people are not associating with sexual minorities because of negative

attitudes toward them, or if negative attitudes prevent interaction, Herek (1984) points out that limited contact between heterosexuals and sexual minorities has been correlated with more negative attitudes toward sexual minorities. If relationship patterns that help separate heterosexuals and sexual minorities persist, it is likely that heterosexist assumptions will go unchallenged and result in continued segregation (Ritter & Terndrup, 2002).

The literature about attitudes toward sexual minority people living in rural America is very scant, with much of what is known learned anecdotally (Ritter & Terndrup, 2002). From what is known about sexual minorities in rural areas, issues of heterosexism, prejudice and intolerance appear to be magnified (McCarthy, 2000). Traditional values and morals based on religious and political beliefs often function to maintain heterosexist attitudes and intolerance in rural communities (McDonald & Steinhorn, 1993). Dejowski (1992) synthesized responses to more than 14,000 sociodemographic surveys issued between 1973 and 1988. The result was higher levels of intolerance toward sexual minority people by people who were older, less educated, and from rural and small towns, especially in the Southern U.S.

Heterosexism is a construct that permeates institutions and lives of individuals throughout the U.S. Understanding the role that structural and individual heterosexist attitudes and beliefs play in the persecution of sexual minority people is extremely important. Anti-gay hate crimes and other forms of sexual minority denigration occur within a heterosexist culture that needs to be understood and challenged in an effort to increase the level of safety for sexual minorities.

Due to the often unconscious manner in which heterosexism is carried out, its role as a form of discrimination and subjugation is often overlooked. Nonetheless, due to widespread unfavorable attitudes, virtually every sexual minority person is very well aware that a substantial segment of the U.S. population does not consider them worthy of the civil rights that are granted to heterosexuals (Leland, 2000).

In summary, the oppression of sexual minority people comes in many forms. Whether by overt means or more covert attitudes and beliefs inherent in a heterosexist society, the result can lead sexual minority individuals to have negative self-thoughts and negative thoughts about the world. When the beliefs from the larger heterosexist society are internalized by a sexual minority individual, a shame based identity termed *internalized homophobia* can develop. The internalization of derogatory attitudes has the potential to affect healthy development and coping strategies (Herek, et al., 1997).

#### *Internalized Homophobia*

Some experts believe that many sexual minorities may internalize significant aspects of the negative treatment they experience within a heterosexist society and incorporate that into their identity (Isay, 1989; Davies, 1996; Allen & Oleson, 1999). As such, internalized homophobia has been conceptualized as a component of *minority stress*, which has been defined as psychosocial stress as a consequence of membership in a low status minority group (Brooks, 1981).

Studies conducted by Meyer (1995) with gay men and DiPlacido (1998) with lesbians have found minority stress to be a useful conceptualization within which to study internalized homophobia and its relationship to aspects of poor health. One dimension identified by Meyers (1995) found to be correlated with poor psychological health, was



prejudice events. Even though to date there are no large scale quantitatively oriented studies available to illuminate the relationship between internalized homophobia and coping after a prejudice event, or bias crime based on sexual orientation, there is a growing interest in researching this relationship.

## METHOD

The present investigation utilized data that was gathered as part of a larger project to examine the prevalence and impact of anti-gay bias crime (e.g. verbal harassment, physical attacks, etc.) experienced by sexual minorities in the Northwest region of the U.S. In conjunction with this epidemiological information, measures were used to collect levels of internalized homophobia and cognitions about self, among survivors of bias crime that involved physical contact. The current examination of the data was designed to address the following questions:

1. Do survivors of anti-gay bias crime endorse items on a scale used to measure internalized homophobia at levels indicating elevated internalized homophobia?
2. Are survivors of anti-gay bias crime more likely to endorse particular subscale items of internalized homophobia: 1) public identification as being gay; 2) perception of stigma associated with being gay; 3) degree of social comfort with other gay men/lesbians; and 4) beliefs regarding the religious or moral acceptability of homosexuality (from Ross & Rosser, 1996).
3. Do survivors of anti-gay bias crime endorse specific subscale items of post-attack cognitions: 1) negative cognitions about self; 2) negative cognitions about the world; and 3) self-blame.

Due to the limited number of participants who experienced a physical assault, and reported that the physical assault was the most distressing event for them, this investigation serves to suggest that the tenets investigated herein warrant attention on a larger sample and thus more quantitatively valid scale. It is the hope of the author that

this investigation will function as a stepping-off point for attention and funds to be expended to the study of the importance of negative cognitions experienced as internalized homophobia in the treatment of sexual minorities who have survived an anti-gay bias crime.

### Participant Characteristics

One hundred forty-two participants were recruited at Gay Pride celebrations in Portland, Oregon and Seattle, Washington. A booth was rented at each of the Pride celebrations and placed randomly among other booths at the event. A large banner that read 'Pacific University Psychological Service Center' was displayed to represent the university the principal investigator was affiliated with. As people walked by the principal investigators booth, they were asked if they would like to participate in a study about sexual minority experiences. Each booth was equipped with a table and chairs so the participants could sit down to complete their surveys. Informed consent forms were collected from each of the participants prior to the distribution of the survey packets. Participation was voluntary and no inducements to participation were offered.

All of the participants described their sexual orientation as "gay, lesbian or bisexual." Sixty-nine of the individuals who participated were female and 67 were male. Six participants did not report their gender. Participants ranged in age from 18 to 72 years, with the median age of 29 years. Of the individuals who participated in this study, 85.9% identified as Caucasian (n=122), 2.1% identified themselves as African American (n=3), 4.2% Latino/Latina (n=6), .7% Asian/Pacific Islander (n=1), .7% Native American (n=1), 3.5% identified themselves as other (n=5), and 2.8% chose not to report their ethnicity (n=4). Of the participants who reported personal income for the previous year,

23.9% earned less than \$10,000 (n=34), 19% earned between \$10,001 and \$20,000 (n=27), 16.2% earned between \$20,001 and \$30,000 (n=23), 14.8% earned between \$30,001 and 40,000 (n=21), and 24.5% earned 40,001 or more (n=34). Job title frequencies were also evaluated; 31.7% reported that they had a professional job (n=45), 7% reported a managerial job (n=10), 1.4 % reported an administrative job (n=2), 7.7% reported being employed as a clerical/skills worker (n=11), 7% reported a job as a skilled laborer (n=10), 13.4% reported being unemployed (n=19), 29.6% reported something 1.4% of participants reported having between a 9<sup>th</sup> and 11<sup>th</sup> grade education (n=2), 34% reported having graduated from high school (n=34), 16.2% reported having an associates or technical degree (n=23), 28.9% reported having a bachelors degree (n=41), 26.8% reported having an advanced degree (n=38), and 2.8% did not respond (n=4).

Prior to analysis, variables were examined to determine the accuracy of data entry. SPSS FREQUENCIES were used to determine the number of sexual minority individuals who had experienced different types of bias crime (see Table 1). Table 1 displays the percent of individuals who reported incidents of different types of crime.

Table 1

Bias crime experiences

Type	Frequency	Percent
Verbally abused	113	79.6
Threatened	51	36.0
Chased	31	21.8
Spat on	15	10.6
Object thrown	32	22.5
Property offense	9	6.3
Physically assaulted	15	10.5
Sexually assaulted	4	2.8

As the table highlights, nearly 14% (n=19) of the Northwest sample reported a physical attack of some kind, or sexual assault as a consequence of a perpetrator targeting them because of their sexual orientation. Fifteen of the people who reported physical or sexual assault indicated they had been “hit, beaten, or physically attacked” because someone thought they were gay, lesbian, or bisexual. Four people out of the 19 indicated they had been “raped or sexually assaulted” as part of an antigay victimization.

In an effort to ensure that the participants were considering a specific event when rating their levels of post-attack cognitions, a specific question was included from the Traumatic Life Events Questionnaire to assess for the ONE event that causes the participant “the most distress.” Of the 19 respondents who reported either physical or

sexual assault, 6 could not be considered because they neglected to complete the PTCI, which was required to assess post-attack cognitions. An additional 6 surveys were not used because the participants did not rate the physical or sexual assault they had reported as “the most distressful event” and therefore rated a different experience on the PTCI. This left 7 completed questionnaires.

The 7 participants who completed the survey identified as “gay male.” They ranged in age from 22 to 58 years. Five of the participants identified as Caucasian. Of the remaining two participants, 1 identified as Latino and the other identified as African American. Four of the participants reported being “partnered,” 2 endorsed being “single” and 1 person described an “open relationship.”

### *Measures*

Only the measures relevant to the present investigation are described here.

#### *The Posttraumatic Cognitions Inventory (PTCI)*

The PTCI is a 36-item instrument designed to measure thoughts and beliefs of individuals who have experienced a traumatic event. The conceptually derived trauma-related cognitions yield three factors: negative cognitions about self, negative cognitions about the world, and self-blame. The total score is derived by taking the sum of the items that comprise the three subscales (Foa et al., 1999). The overall internal consistency of the PTCI is good ( $\alpha = .97$ ) as is the internal consistency for the three factors ( $\alpha = .97, .88$ , and  $.86$ ).

#### *The Internalized Homophobia Scale (IHS)*

The IHS is a 26-item instrument designed to measure internalized homophobia (Ross & Rosser, 1996). The IHS has utility in helping assess for a number of

psychological characteristics that are associated with internalized homophobia. It has four subscales: public identification as gay, perception of stigma associated with being gay, social comfort with other gays, and moral and religious acceptability of being gay. The measure has fair to good internal consistencies, with alphas of .85, .69, .64, and .62 for the factors presented in the order above, respectively. It also has fair concurrent validity, with three out of four of the subscales being significantly correlated with a number of variables relating to relationships with, and attraction to, same-sex individuals, amount of time spent with gays, and the extent to which the respondents were openly gay. *Note.* For female respondents, the terms *gay*, *women*, and *men* are changed to *lesbian*, *men*, and *women*, respectively.

## RESULTS

Prior to analysis, variables were examined to determine the accuracy of data entry. SPSS FREQUENCIES were used to determine if the survivors of anti-gay bias crime in this sample were more likely to endorse particular subscale items of internalized homophobia (e.g. public identification as being gay; perception of stigma associated with being gay; degree of social comfort with other gay men/lesbians; beliefs regarding the religious or moral acceptability of homosexuality, subscales 1 to 4, respectively). Table 2 displays the internalized homophobia subscale scores and total score for participants who reported a physical assault.

Table 2

### Internalized Homophobia

Participant	Subscale 1	Subscale2	Subscale3	Subscale4	Total
1	3.1	5.7*	3.8	1	3.4
2	1.7	5.3*	4*	2.3	3.2
3	2.3	3.8	3.8	1.3	2.8
4	3.8	6.8*	4.5*	1.3	4.3*
5	3.4	5.8*	4.5*	1.8	4*
6	3.7	2.5	3.3	3.3	4.2*
7	1.7	2	1.7	1.8	2.5

\*Moderate levels of Internalized Homophobia

In addition, SPSS FREQUENCIES were used to determine if the survivors of anti-gay bias crime in this sample endorse specific subscale items of post-attack cognitions (e.g. negative cognitions about self; negative cognitions about the world; self-blame). Table 3 displays the posttraumatic cognitions subscale scores.



Table 3.

Posttraumatic Cognitions

Participant	Self	World	Self-Blame
PTSD Median	3.6	5.0	3.2
1	3.52	5.0*	3.0
2	2.81	4.0	3.4*
3	4.10*	4.71	4.4*
4	3.05	5.43*	3.6*
5	4.52*	6.42*	4.6*
6	3.87*	4.71	3.8*
7	2.52	4.0	4.2*

\*PTSD median or greater

The following provides information about the participants who survived a crime and reported their attitudes and thoughts about different aspects of their internalized homophobia.

None of the participants endorsed items indicating aspects of internalized homophobia on subscale 1 (public identity as gay) or on subscale 4 (religious or moral acceptability as gay). Three respondents endorsed subscale 2 (perception of stigma associated with being gay) and subscale 3 (degree of social comfort with other gay men). Additionally, two of the three participants who endorsed significant levels on subscales 2 and 3, also showed elevations on total scores. Finally, one participant endorsed items in such a way that the total score was elevated but with no specific elevations of subscale scores (see Table 2).

Although internalized homophobia among survivors of bias crime has not been described before, items endorsed by participants in this sample are consistent with a large scale study designed to assess overall levels of psychological distress among sexual minorities (Meyer, 1995). In Meyer's study of 741 gay men in New York he identified

that internalized homophobia, perceived stigma, and ‘prejudice events’ all impact healthy psychological adjustment. The endorsement of subscale 2 (stigma) and subscale 3 (social comfort) suggest possible significance that when addressing survivors of anti-gay bias crime, these constructs of internalized homophobia should be expected for consideration in helping the survivor cope with thoughts and attitudes about the attack.

In an effort to look specifically at post-attack thoughts, participants completed the Posttraumatic Cognitions Inventory (PTCI) to assess whether survivors of anti-gay bias crime endorse specific subscale items of posttraumatic cognitions. Six of the seven participants endorsed items that indicated levels of self blame at or above the PTSD Median. Three of seven respondents endorsed symptoms characteristic of negative cognitions about the self. Additionally, three of seven participants endorsed items in a way indicative of negative cognitions about the world. One person endorsed items of negative self cognitions, negative world cognitions, and self blame (See Table 3).

## DISCUSSION

Based on the complete absence of research and literature regarding the report of internalized homophobia among individuals who have survived an anti-gay bias crime, the question whether survivors report internalized homophobia was posed. Additionally, the investigation was designed to shed light on whether specific subscale items of internalized homophobia are apparent among survivors. Finally, the question of whether survivors of bias crime report specific post-attack cognitions was posed.

In considering the first two questions regarding internalized homophobia, it was apparent that neither subscale 1 (public identity as gay) nor subscale 4 (religious or moral acceptability of homosexuality) was endorsed at clinically significant rates by any participant. One possible reason for low endorsement on items that indicate low disclosure of one's sexual orientation is that surviving a crime might have functioned as a forced disclosure to allow for the reliance on others for coping. In at least one study, internalized homophobia scores were negatively correlated with outness to friends and families (Herek, et al., 1997).

The self-blame subscale from the PTCI was endorsed by six of seven participants. Self-blame is typical of survivors of crime and has implications for treatment and recovery (Filipas & Ullman, 2006). Research on self-blame has exposed two primary manifestations of self-blame, each with implications for outcomes after the crime. The two types of self-blame are characterological self-blame (i.e. blaming something within oneself) and behavioral self-blame (i.e. blaming one's actions) (Janoff-Bulman, 1979).

Recent longitudinal research with survivors of sexual assault shows that both behavioral and characterological self-blame are related to increased psychological

symptoms (Frazier, 2003). And in a study of undergraduate sexual assault survivors, revictimization was directly mediated by self-blame and PTSD (Arata, 2000). The role of self-blame among survivors of anti-gay bias crime is important because self-blame among survivors has been shown to predict coping responses (Filipas & Ullman, 2006). In their study, Filipas and Ullman (2006) found that those who endorsed self-blame items related to sexual assault were more likely to use maladaptive coping strategies such as social withdrawal, drug and alcohol use, and sexual and/or aggressive acting out.

Due to the lack of adequate statistical power in this small sample, the results are meant to direct future large scale exploration of similar questions. This project fulfilled its purpose in examining whether survivors of bias crime do experience specific types of internalized homophobia and post-attack cognitions. Further exploration will illuminate the relevance of internalized homophobia and the recovery from post-attack symptoms for clinicians and researchers.

## LIMITATIONS

In addition to the small number of participants, it is important to note that the individuals were approached at gay identified venues; therefore, the probability of being included in the study was somewhat determined by the level of involvement of the individual within the gay community. Self-identification and self-disclosure as gay are most likely associated with certain psychological characteristics such as less shame and higher self-esteem. These structures likely impact coping and the manifestation of cognitions and internalized homophobia. In summary, the study fulfilled its purpose in examining responses of certain sexual minority individuals who survived a physical assault based on their homosexuality.

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